# The Logic of Life: Thinking Suicide through Somatechnics

Saartje Tack

**ABSTRACT**

Accounts of suicide are often framed through a narrative of prevention, by researchers and the public alike. Such (re)presentations of suicide are illustrative of an unquestioned understanding that suicide must be prevented, while the grounds, consequences, and effects of such framing remain uninterrogated. In the prevention narrative, life is the natural and normal state against which death is chosen, yet, simultaneously death is constituted as a non-choice in that it is a choice against the natural. In its collective repetition, life is constituted as a natural characteristic of bodies, which means that it is read and lived as a state that all people are by nature individually orientated towards. As such, prevention is effectively instated as the only possible response to suicide. In this article, I propose a reading of suicide through somatechnics to enquire into some of the ways in which the prevention narrative governs what we know about suicide and how it is lived. In doing so, I aim to destabilise the logic of life to explore how certain bodies and ways of knowing are rendered (un)intelligible.

Suicide is viewed as a major public health issue. The World Health Organization estimates that one person commits suicide every 40 seconds, which amounts to 800,000 people per year worldwide. They further estimate that for every person who kills themselves, twenty others attempt suicide. In 2015, suicide thus accounted for 1.4% of all deaths, making it the 17th leading cause of death in the world. Suicide, the World Health Organization writes on their website, is a 'serious public health problem', but one that is preventable if adequate prevention strategies are implemented (2017b, 2017c). It seems logical, then, that the question that has occupied scholars and practitioners for decades is how to prevent suicide most effectively. Suicide prevention initiatives range from research into the causes of suicide and evaluations of prevention strategies and treatment options, to guidelines for reporting suicide in the media, counselling services, and public health campaigns.

There are currently two dominant scholarly ways in which suicide and suicide prevention are conceptualised. On the one hand, suicidologists position suicide as a (biomedical) psychopathology firmly located in the interiority of the individual, while those working in the recently established field of critical suicidology are interested in the social, cultural, historical,

and discursive factors at play in suicide.[1] On the surface, these two approaches seem worlds apart, however, a closer engagement with this research reveals a shared foundational assumption: suicide must be prevented. This assumption is widely accepted and confirmed as truth in public discussions and personal experiences of suicide, and informs the ways in which ideas about suicide are spread through the media. Media guidelines for responsible reporting on suicide, for instance, are deeply invested in suicide prevention and instate limits for what can publicly be said about it. Before I continue, I want to clarify that I differentiate between suicide and euthanasia. The term euthanasia commonly refers to cases in which an individual asks medical professionals for the right to die. This right can be granted when the individual is deemed to be suffering from a terminal and incurable illness, and when the patient is judged to be of sound mind. Such discussions are different from those of the practice of suicide. In suicide, one could argue, the act of death takes place outside of the domain of the medical profession, and dominant suicidological medico-psychiatric approaches aim to reclaim it by positioning suicide as a symptom of a curable mental illness.

My aim in this article is not to ask whether existing prevention strategies are successful in reducing suicide rates, nor is it to devise new prevention strategies. Instead, I want to highlight the ways in which prevention as a response to suicide remains unquestioned in domains as varied as the scholarly fields of suicidology and critical suicidology and guidelines for reporting suicide in the media such as those of the World Health Organization (2017a). In doing so, I argue that the imperative of prevention in discussions of suicide presumes that the desire to live is a natural characteristic of bodies and that this presumption means that suicide prevention is positioned as the only possible response to suicide. Furthermore, I argue that the imperative of prevention in response to suicide is itself implicated in rendering life a natural characteristic of bodies. My task in this article, then, is to enquire into some of the ways in which the prevention narrative in suicide is implicated in installing life as a natural characteristic of bodies that disables suicide as a choice.

Somatechnics provides the theoretical groundwork for my argument here. Somatechnics is a critical practice that abandons the commonly accepted binary distinction between bodies and technologies. Nikki Sullivan and Samantha Murray explain that the term was coined 'in an attempt to highlight the inextricability of soma and techné, of "the body" (as a culturally intelligible material construct) and the techniques (*dispositifs* and "hard technologies") in and through which corporealities are formed and transformed' (2011, vi). It thus refers to the notion that bodies are the outcome of culturally contingent discourses and practices, rather than being natural entities that precede such discourses and practices and that can be represented and described *as such* (Pugliese and Stryker 2009, 2). The desire to live, then, is not simply a natural feature of bodies whereby the choice for death must be corrected in order to restore an individual back to their natural state, neither is it a category added to an originary, already complete individual. Rather, the body-subject that desires life comes into being through a wide range of regulatory technologies that in/trans/form bodily being-in-the-world.

These regulatory technologies themselves are also referred to as somatechnics. They are integral to Foucault's biopower in that they are located in the 'whole intermediary cluster of relations' that connects the biopolitical to the anatomo-political (Foucault 1990, 139). In other words,

somatechnics connect the bodies of individuals to the social body according to particular norms. The somatechnics of suicide, then, are those interconnected discourses, institutions, technologies, apparatuses, ways of knowing, tools, orientations, and so on that function so as to produce particular meanings of suicide and particular body-subjects with regards to suicide. Through these somatechnics, the subject that desires life is positioned as pre- or extra-discursive. Somatechnics thus performs a double task: on the one hand, they are constitutive of being-in-the-world, while on the other hand, the term refers to a critical practice that enquires into these somatechnics. It is, as Sullivan and Murray write, 'simultaneously constitutive and critical, . . . the dynamic materialisation of becoming and unbecoming' (2009, 4). Somatechnics, then, can be understood as the 'systematized operations of power/knowledge/practice and as an open-ended critical methodology necessarily implicated in the former' (Sullivan 2009, 315).

## The Imperative of Prevention

The persistent focus on suicide prevention in discussions of suicide is complicit in producing the desire to live as a natural characteristic of bodies and the subject that desires life as pre-discursive. One of the sites in which this prevention narrative operates is the scholarly field of suicidology, the key field in the production and dissemination of knowledge about suicide. Several suicidologists have explicitly argued that the study of suicide is inextricably linked with the study of suicide prevention (Pompili 2010, 7; O'Connor, Platt, and Gordon 2011, 1). Suicidology establishes and confirms itself as a science and it does this by using positivist research methodologies. For instance, Thomas Joiner writes in an editorial in the journal *Suicide and Life-Threatening Behavior*, one of the leading suicidology journals, that studies of a quantitative nature will be advantaged over qualitative studies for publication in the journal. A renewed focus on quantitative research, he argues, constitutes 'a natural next phase for a maturing field of knowledge . . . without which genuine progress is distinctly unlikely' (2011, 472). There is thus the assumption that the use of quantitative methods will help to further establish the field of suicidology and strengthen its position as an objective science, and that quantitative methods will provide access to the objective truth of suicide and suicide prevention (Hjelmeland and Knizek 2010; Marsh 2016). Through these quantitative methods, suicidologists are able to locate the cause of suicide in (biomedical) psychopathology (Redfield Jamison 1999; Hawton and van Heeringen 2009). Suicidology thus deploys a medical model. Here, illnesses require cure and, since suicide is a symptom of mental illness, it is this mental illness that must be cured so that that the person who wants to die can be restored to their pre-pathological self, which is the self that wants to live. As the science of suicide that has access to the truth of suicide, suicidology frames suicide prevention as the neutral truth of suicide, and consequently, the desire to live as normal and natural. What this research fails to acknowledge is that its findings and what constitutes truth are always situated in relation to a world and are not pre-given nor waiting to be found by researchers. Instead, the subject that wants to live is itself a subject that is shaped by those who claim to merely describe it.

In recent years, a number of suicide researchers have begun to express their unhappiness with the state of the field of suicidology and the ways in which its propositions have penetrated public discussions of suicide. This emerging field of scholarship, aptly called *critical* suicidology,

takes the social and structural factors of suicide as its focus, instead of individual psychopathology and risk factors which are commonly studied in suicidology. Critical suicidologists favour qualitative research methods and multi-method approaches, as these will help them to understand suicide better than the largely descriptive quantitative methods employed in mainstream suicidology (Hjelmeland and Knizek 2010; White et al. 2016; White 2017). Scholars in the field of critical suicidology take issue with the ways in which the field of suicidology presents its evidence and conclusions as neutral and unproblematic. White, Marsh, Kral and Morris thus write in their introduction to the first edited collection in the field that 'suicide prevention programs are frequently conceptualized in universal, apolitical, and decontextualized terms'. Critical suicidologists differentiate their work from such suicidological approaches '[b]y raising new questions, exposing taken-for-granted assumptions, and directly challenging the current orthodoxy governing suicide prevention' (2016, 4). They aim to inject diversity and creativity into the study of suicide, and acknowledge that knowledge of suicide is contextual and political rather than factual and objective (White et al. 2016; White 2017, 1).

It is surprising, then, that critical suicidology, just like mainstream suicidology research, functions in the service of suicide prevention. The title of the edited *collection Critical Suicidology: Transforming Research and Prevention for the 21st Century* (2016) explicitly indicates that the field's interest in transforming suicide research will take place within the language and the goal of suicide prevention. More implicit – and perhaps unintentional – framing in these terms can be found throughout the introduction to the book. For instance, the editors mention that suicide is the cause of a considerable number of 'premature deaths', a statement that seems grounded in the assumption that lives should be lived for a certain yet unidentified length of time and should not be cut short before that time is reached (1). To suggest that these deaths are premature is therefore not an objective statement but one that takes place within a prevention framework that takes longevity as the unquestioned norm. The editors further write that they 'are dedicated to pursuing approaches that are grounded in a strong set of ethical and socio-political relations. In other words, [they] are interested in frameworks, theories, and practices that can make a *positive* difference in the world in which we all live' (9, emphasis added). They do not elaborate on what exactly is meant by this positive difference, nor engage with the ways in which what is considered positive is situated. It is thus presumed here that the reader will know what this positive difference entails and, it seems to me, based on the discussion in this introduction, that it has already been decided in advance that it is suicide prevention and the preservation of life. New methods, new approaches, and a commitment to diversity and creativity, then, will bring us closer to developing effective suicide prevention strategies. Critical suicidology, too, positions prevention as the truth of suicide and thus replicates the foundational assumption of suicidology, the field it set out to critique.

The persistence of this tacit assumption is even more poignant in critical suicidological work that engages specifically with the production of particular truths about suicide. In his book *Suicide: Foucault, History and Truth*, Ian Marsh (2010) offers a genealogical account of how suicide has come to be read as a mental illness issue pertaining to the domain of psychiatry, which dominates suicidology. In Foucaultian fashion, he uses 'critique' as a methodology, which allows him to enquire into 'compulsory discursive formations . . . to uncover the assumptions embedded within them and the ways by which they in part constitute the very acts and

subjectivities they claim only to name' (7). Marsh thus writes that, in his book, '[w]hat is sought is the enabling of new freedoms of thought and action in place of those that have come to be constraining and problematic in themselves'. He is, however, quick to add that what he refers to are 'not new freedoms whereby it becomes easier for people to kill themselves' (8). Since Marsh positions subjects as truth effects of dominant discourses, this raises the question of which freedoms and subjects can be enabled, and which freedoms and subjects must be constrained and remain problematic. That Marsh fails to question – perhaps unwittingly so – the prevention narrative that frames the discourses he sets out to critique (and his own positionality in this regard) is telling of the dominance of the prevention narrative in suicide.

Similarly, in her book *The Gender of Suicide: Knowledge Production, Theory and Suicidology*, which provides a remarkable account of the ways in which suicide is gendered, Katrina Jaworski (2014) highlights that in much of the literature on suicide '*[h]ow* we know *what* we know is either unnoticed or taken for granted, treated as self-evident and in need of no explanation', (3, emphases in original) and argues that '[i]f we do not know how ideas work, our efforts to understand and prevent suicide will be undermined by the very assumptions operating in our efforts' (4). She furthermore outlines that we should care about this because '[w]ithout knowledge – without theoretical understandings – we would not know how to act, to respond and prevent suicide' (3). Prevention thus sits uneasily within Jaworski's approach. While she emphasises that knowledge is not self-evident and that assumptions are operative in knowledge production, it needs 'no explanation' that suicide requires a response and that this response is prevention.

Critical suicidology effectively destabilises many of the assumptions made in suicidology and enables a much more open discussion of suicide. However, what is missing in this field is a recognition that unproblematically and unquestioningly positing prevention as the response to suicide posits it as exactly apolitical, universal, and decontextualised. The field's commitment to understanding suicide is thus implicated in shaping it in accordance with dominant narratives. In other words, what I hope to have shown here is that, while critical suicidology provides a valuable alternative to suicidological discussions and understandings of suicide and their popular uses, '[t]he presence of alternatives does not, in itself, make a dent in the relentless persuasiveness of the presumed' (Hemmings 2011, 20). As Ruth McManus suggests, there is a lack of critical engagement with suicide in Western culture, and suicide 'is cloaked with a very intense moral imperative that, within academia, demands researchers find the cause so that suicide can be stopped' (2004, 192). As such, one of the key goals and assumptions of suicidology is replicated in critical suicidology. Prevention is confirmed as the pre-discursive truth of suicide outside the realm of what can be questioned, and has acquired the status of objective point of reference in discussions of suicide. Both these fields, then, fail to interrogate their own situatedness and the notion that rather than describing situations and subjects, they are implicated in the formation and production of these very situations and subjects. They are discourses that regulate individual lives and populations. In other words, suicide is not an empirical fact but is, instead, a somatechnic effect of biopower.

The desire to live is commonly understood as a natural characteristic of bodies, as coming from within the body itself. In this sense, life and the body that wants to live are positioned as pre-

discursive givens. Discussions in suicidology and critical suicidology interested in suicide prevention thus aim to restore the body to its pre-suicidal, natural state of wanting to live, a state which is temporarily compromised by an outside force – illness in suicidology, and structural factors in critical suicidology. The presumption here is that there is a natural body that is separate from all that surrounds it. The body that wants to live is often overlooked: it is *just a body* because living and wanting to live are natural, living and wanting to live are what bodies do. However, a somatechnics approach troubles such notion of the natural body and, instead, conceptualises bodies as always already technological, as embodied being, whereby soma and techné are inextricably and originarily conjoined. The (natural) body is the material effect of culturally and historically situated techné, the dispositifs, hard technologies, techniques, discourses, orientations, and practices that in/trans/form bodily being in the world. The body that wants to live is the effect of situated embodiment processes and not a natural given, and acknowledging it as such has consequences for the ways in which suicide can be understood and experienced. What I suggest here, then, is that individual bodies are caught up in a biopolitical apparatus that is a collection of technics that render life as a natural characteristic of bodies, whereby bodies come into being as experiencing and reading themselves and others as living subjects who desire life, and whose desire for life comes from within them by nature. This coming into being of bodies through technics that render life as a natural characteristic of bodies is not a neutral process but one that gives political recognition to those who align themselves with this biopolitical concern.

**Orientations towards Life**

I turn to Sara Ahmed's work on orientations now to consider the normalisation and naturalisation of the desire to live, by means of which suicide prevention is normalised as the only possible response to suicide. The desire to live is attached to a future, to a living that occurs further down the line. Thus, life involves direction. We are orientated in the direction of life, and it is from this orientated position that the world unfolds in front of us as world (Ahmed 2006a, 545). 'The concept of "orientations"', Ahmed writes, 'allows us to expose how life gets directed in some ways rather than others, through the very requirement that we follow what is already given to us' (2006b, 21). We are not orientated in a particular direction by coincidence but instead, orientations are the sedimented effects of prior orientations, of history, of somatechnics, that inform the ways in which we engage with the world and those around us. In the process of repetition, it follows, objects are 'naturalized as a property of bodies, objects, and spaces . . . which leads bodies in some directions more than others as if that direction came from within the body and explains which way it turns' (58). As such, orientations are not experienced as positionality but are, quite simply, what it means to be.

If life becomes a property of bodies and bodies take on the shape of the direction towards life through repeated orientation, the work performed in the biopolitical apparatus, the work of deepening and broadening collective lines that influence the ways in which bodies are orientated, and the work performed by individual bodies in repeating orientations so that the same objects continue to be found, disappears from view. Indeed, it seems only natural that we want to live, that we are orientated towards life, because

> the labor of such repetition disappears through labor: if we work hard at something, then it seems 'effortless.' This paradox – with effort it becomes effortless – is precisely what makes history disappear in the moment of its enactment. The repetition of work is what makes the work disappear. (Ahmed 2006b, 57)

Orientations, objects, and body-subjects alike thus solidify through the repeated orientation towards life. In other words, bodies '[take] the shape of this repetition; *we get stuck in certain alignments as an effect of this work*', (Ahmed 2006b, 57, emphasis in original) which causes the alignment, the line, the orientation to deepen and to disappear, in turn limiting the possibility for the establishment of other lines. In Foucaultian terms, bodies are 'both the agent and effect of discourse' (Sullivan 2001, 4).

This desire to live as one that is directed towards the future is, furthermore, the desire for a particular kind of life, the kind of life characterised by a number of heteronormative and capitalist objects that we find by being orientated towards this future life, such as heterosexuality, marriage, stable employment, the family, children, inheritance, which them-selves simultaneously orientate us towards futurity and longevity, and as such, to the desire to live. In *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*, Jack Halberstam (2005) explores the norm of futurity and longevity, and how it affects which life events are desirable and which are pathological. While the AIDS epidemic at the end of the twentieth century diminished the 'horizons of possibility' for gay communities, Halberstam argues, the lack of a future changes experiences of time in potentially powerful ways. 'The threat of no future . . . expands the possibility of the moment and . . . squeezes new possibilities out of the time at hand', he writes, and as such, '[q]ueer subcultures produce alternative temporalities by allowing their participants to believe that their futures can be imagined according to logics that lie outside of those paradigmatic markers of life experience – namely, birth, marriage, reproduction, and death' (2). Similarly, suicide represents a rejection of such normative desires and thus enables different concepts of the desirable life that are not necessarily directed towards futurity and longevity. However, as Halberstam writes, in Western cultures, longevity is framed as 'the most desirable future', we praise 'the pursuit of long life (under any circumstances)', and 'pathologize modes of living that show little or no concern for longevity' (4). Those who fail to cite the desire to live are viewed as disorientated, and are rendered pathological and unintelligible, in need of reorientation.

While normative orientations disappear from view *as* orientations, moments of disorientation provide opportunities for recognising that we are orientated (Ahmed 2006b, 6). However, it is here that 'straightening devices' come into play. Straightening devices 'keep things in line' (Ahmed 2006a, 562) when we are disorientated and thus serve to rectify failed orientations. They are necessary, precisely because the desire to live is not a natural characteristic of bodies but involves labour. The desire to live achieves its naturalness through performative repetition and, as such, this repetition is always a copy of a copy (Butler 2006, 43). As Derrida writes, it is 'mimicry imitating nothing', 'it produces mere "reality effects"' (1981, 206).

Media guidelines for the responsible reporting of suicide, such as those by the World Health Organization (2017a), for instance, function as a tool for reorientating those who are disorientated towards death, those who desire death. One of the key objectives of these

guidelines is to limit copycat or imitative suicides, which refers to the notion that individuals considered to be at risk may engage in suicidal behaviour after being exposed to media reports of suicide (1). If media outlets follow the guidelines and, as such, discuss suicide responsibly, this effect, it is argued, can be minimised. Such media guidelines thus function as a normalising technology in the service of public health that is implicated in regulating both the population and the individual in accordance with human sciences discourses and practices. The WHO advises media outlets to 'provide *accurate* information about where to seek help', such as suicide prevention centres, crisis helplines, and self-help groups (viii, my emphasis). It is evident here that the details that should be provided are those of organisations that aim to prevent suicide, such as for instance Lifeline, and not those that help people to accomplish death should they wish to die such as Exit International. Accurate information does thus not simply refer to the provision of correct contact details, but accuracy is measured and evaluated by whether the 'right' kind of help is provided, which may or may not constitute the kind of help the suicidal individual desires.

According to these media guidelines, we must also '[e]ducate the public about the facts of suicide and suicide prevention, without spreading myths' (viii). Suicide, in the tradition of mainstream suicidology, is presented as neutral, knowable, stable, and controllable. The truth of suicide is prevention, and other approaches are considered myths. Media outlets are advised to '[a]pply particular caution when reporting celebrity suicides', since these reports run the risk of glorifying suicide and thus create the impression that society honours suicide, which can induce suicidal behaviour in vulnerable individuals (4). What should also be avoided is '[placing] stories about suicide prominently and . . . unduly [repeating] such stories' (viii). Suicide stories should not go on the front page and not at the top of the page of newspapers, neither at the start of the TV or radio news. Prominent placement and repetition may, it seems, plant the seed of suicide. Furthermore, media outlets should 'not use language which sensationalizes or normalizes suicide, or presents it as a constructive solution to problems' (viii). They should avoid using terms such as 'suicide epidemic', and instead opt for 'increasing suicide rates' and use language that frames suicide as a public health problem while mentioning the risk factors and a message about the importance of suicide prevention. Likewise, what should be avoided is the use of the word 'suicide' in different contexts, such as 'political suicide', as this would normalise suicide and instate it as an option amongst a range of possibilities (6).

It is clear, then, that these guidelines put forward a very particular view of suicide strongly grounded in suicide prevention. Fears of encouraging the copycat effect inform the ways in which suicide can be talked about, and as such the information that is given to the public must be manipulated to fit the framework of suicide prevention. I am not interested here in whether the copycat effect is scientific fact. I am, however, perplexed by the object towards which this concern is and is not directed. In these guidelines, we find a deep level of concern about the imitative character of the choice for death that is not only the reason for the development of strategies to stop it, but simultaneously positions it as wrong. What is ignored, here, is that such thinking is grounded in the assumption that life is the natural and normal state, an originary pre-discursive force. I thus argue that, if we accept the logic of the copycat effect, life is similarly – and perhaps even more so – imitative and, as such, similarly deserving of our concern. The desire to live, however, is concealed in its presumed natural character and tacitly put forward

as the behaviour to imitate. To use the phrasing and terminology of these media guidelines, life is normalised, glamourised, sensationalised, and honoured by society. It is placed prominently in the news and positioned as a constructive solution to problems. Methods for living are ubiquitous, and the copycat effect is strong. Often, then, we are not aware that we are orientated and that some objects are more within reach than others.

Furthermore, in scholarly knowledge production, straightening devices can take the shape of a rejection of literature that does not align with common paradigms of prevention and mental illness in the field of suicidology. Jennifer White, for instance, shares an experience of when her conference paper, which included a critique of mainstream suicidological research, was rejected by the scientific committee of a suicidology conference, who judged her paper to resemble a political speech rather than a conference paper (2015, 1). Hers is not the only story of this kind (Marsh 2015; Widger 2015). These straightening devices function so as to rectify 'failed orientations', (Ahmed 2006a, 560) not only as prohibitions but, to use Foucault's conceptualisation of power, as tools that are implicated in generating particular bodies and ways of being-and-seeing-in-the-world in contextually specific ways. Because orientations are citational and formative of bodies, they themselves function as straightening devices (Ahmed 2006a, 563). Life, as a collectively and individually embodied orientation, is a technique for keeping and bringing individual and collective bodies in line. It limits what bodies can do: which shapes they can acquire, which objects they can tend towards and which objects come within reach. As a consequence, it renders bodies, objects, and orientations intelligible according to binary and evaluative categories.

## The Soma-Techno-Logic of Life in Suicide

Life and orientations towards life, including the responses they warrant towards death and orientations towards suicide are embodied and come to be experienced as common sense. In his book *On Suicide: A Discourse on Voluntary Death*, philosopher and essayist Jean Améry (1999) defends the individual's choice of death and writes that he prefers the term voluntary death instead of suicide. It must be noted that Améry does not propose a kind of voluntarism, and that he argues against the victimisation of those who choose death by recognising individuals as humans-in-situation. He thus takes issue with the ways in which structures such as religion and psychology condition and limit the field of possible action in death and in doing so position voluntary death as an impossibility. In highlighting the social constraints on individual action, Améry thus questions the limits imposed on death. He argues that we should see those who kill themselves 'from the standpoint of their own world' (59). If we understand suicide from within its own terms, he argues, '*the total image of the world is radically changed*' (59, emphasis in original). In other words, what Améry refers to here are subjugated knowledges, 'a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naive knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity' (Foucault 1980, 82). These are 'what people know' (Foucault 2003, 7), it is 'popular knowledge (le savoir des gens)' (Foucault 1980, 82) which is 'by no means the same thing as comon [sic] knowledge or common sense but, on the contrary, a particular knowledge, a knowledge that is local, regional, or differential, incapable of unanimity

and which derives its power solely from the fact that it is different from all the knowledges that surround it' (Foucault 2003, 7–8). They constitute, using Ahmed's terms, seeing slantwise (2006a, 561).

In identifying 'the logic of life', Améry draws attention to life as common sense:

> The logic of life is prescribed for us, or 'programmed,' if you wish, in every daily reaction. It has gone into our daily language. 'In the long run, you've got to live,' people say, excusing every miserable thing they have initiated. But *do you have to live*? Do you always have to be there just because you were there once? (1999, 13, emphasis in original)

Indeed, the point that typically underlies discussions of suicide is that one must live and this belief seemingly requires no interrogation, unless in discussions of euthanasia and/ or voluntary death, in which in some countries people can under strict conditions be allowed to die. If we see the desire to live as a natural, pre-discursive, and originary capacity and orientation of the individual, prevention is a common sense response to suicide. Indeed, the point that 'it's normal that we prevent suicide, ultimately everyone wants to live' is oft-repeated in day-to-day conversations about suicide. Linda Alcoff considers Gramsci's account of common sense, and observes that '[c]ommon sense is made up of that which seems obviously true and enjoys consensus or near consensus'. She continues, '[d]espite its felt naturalness, however, common sense is formed, not as a false consciousness is imposed from above, but by the sediment of past historical beliefs and practices of a given society or culture' (1999, 19). Preventing suicide and preserving life at all cost is thus not natural, nor is it some indisputable notion given to us by a higher power. Rather, suicide prevention is needed because suicide is read from the position of those who are orientated towards life and who, by virtue of citing the desire to live, occupy a position that is viewed as neutral and from which they can read and assess others.

Somatechnics, in the analysis I am attempting to stage here, are the wide variety of (never fully stable) technics that, often tacitly, come to constitute and inscribe bodies and that render these bodies intelligible in particular and situated ways. The desire to live, then, functions itself as a regulatory somatechnic that governs being-in-the-world and through which particular bodies are constituted as unintelligible, as impossible, as pathological, and in need of correction. Stryker and Sullivan, in Butlerian fashion, argue that

> [i]n order to remain viable, to maintain the position of subject, the subject must cite the regulatory idea(l)s, the pacts and covenants, that created its intelligibility in the first place. Thus the intelligible body(subject) is the materialisation, or sedimented effect, of these specific (tacit) pacts and covenants, or somatechnologies. (2009, 51–52)

The suicidal subject is not intelligible and loses its position as subject. It becomes a site of intervention in the service of life, until it once again cites the regulatory ideal, at which point it regains its intelligibility as subject.

Let me turn to the American Association of Suicidology (AAS) for a moment. This association is one of the key professional organisations in suicidology that connects researchers, practitioners and the public. I am particularly interested in the association's tagline, which reads: 'Suicide Prevention is *Everyone's Business*' (emphasis in original). I agree with this

proposition but for reasons that are quite different from those of the AAS. The AAS positions the suicidal individual as categorically different from the non-suicidal individual, but while suicide itself is of the suicidal individual, the 'normal' individual must ensure suicides of suicidal individuals are prevented. In my view, however, suicide prevention is everyone's business, in the sense that the same somatechnics that position prevention as the only possible response to suicide and life as a natural characteristic of bodies govern and inscribe the lives of both those who (want to) kill themselves and those who do not, by rendering the former unintelligible and the latter intelligible. Highlighting that the desire to live is a somatechnic in the service of normalisation through which subjects come into being, then, exposes the ways in which life – as that which secures suicide prevention – is in and of *all* bodies. Bodies are, in Judith Butler's words, not 'thinkable apart from the materialization of [the] regulatory norm', which is the desire to live (2011, xii). As such, 'bodies only appear, only endure, only live within the productive constraints of certain highly . . . regulatory schemas' (x). As such, Butler hints at what the materialisation of bodies as the inextricability of soma and techné means for somatechnics scholars. We cannot think or be without 'life': without life, there would be no I, no we, since bodies emerge in and through life. Joseph Pugliese thus writes that 'the body as an entity . . . can only achieve its cultural intelligibility as "body" precisely because it is always already inscribed by a series of discursive and technological mediations' (2010, 19). Somatechnics, then, are the constitutive means through which bodies are constituted and come into being and, as such, these technics are in, of, and through, all bodies, who simultaneously body them forth.

In addition to refiguring suicide as belonging to all bodies, reading suicide through somatechnics further ensures that it is not set apart from other practices. In a recent Australian podcast called *Better off Dead* (2015–2016), journalist Andrew Denton investigates the issues associated with the illegality of euthanasia in Australia, guided by the question 'why good people are dying bad deaths'. Denton talks to individuals who have been affected by euthanasia and Australian euthanasia laws in a variety of ways, and explores the moral arguments for and against the practice. This podcast is unmistakably pro-euthanasia and supports an individual's choice not only to die when their physical context causes them suffering but, also, to die by their own hand, since the illegality of euthanasia prohibits medical professionals from taking part in it. However, each episode of this podcast begins with the following announcement: 'This program is not about suicide. If you or someone you know needs immediate assistance for suicidal ideation or depression, please contact your local 24/7 crisis support service'. The makers of this podcast use the psychiatric language of suicidology and, while it may well be that they were required to follow the media guidelines I mentioned earlier, it is nonetheless telling that suicide is clearly set apart here as a practice that is entirely different from euthanasia.

Suicide is framed as a symptom of a mental illness in this podcast, not the outcome of a choice, while death is recognised as a choice in euthanasia. While both practices are read as informed by illness, the presumption is that in suicide the illness can be cured and that the desire to live can be reinstated as a natural characteristic of bodies. This means that in suicide the choice to die is disabled as a choice while in euthanasia it can be acknowledged because futurity and longevity have already been erased. Highlighting that the desire to live is taken as a given, here, exposes the tendency to separate not only the suicidal body from other bodies, but also suicide from other practices, constituting them as categorically different, as though they were formed

and informed by definitively distinct knowledges and contexts. Let me clarify that I do not mean to suggest that there are no nuances and differences in the ways in which bodies and practices of embodiment are formed – indeed, they are engendered in contextually specific ways. My point here, however, is that what is missing from such statements that section off bodies and practices is a recognition that these statements do not merely describe the truth of suicide and euthanasia but, rather, are complicit in the formation of truths and bodies in contextually specific ways. The somatechnics that enable particular truths and subject positions are displaced from view.

## Conclusion

What I have argued is that dominant approaches towards suicide are interested in preventing suicide. The imperative of prevention both necessitates and shapes the view that the desire to live is a natural characteristic of bodies, that bodies are, by nature, orientated in the direction towards life. Such approaches make a range of truth claims: suicide is a problem, its resolution is prevention, it is caused by mental illness or the result of structural inequalities and social factors, it is different from euthanasia. A somatechnics approach towards suicide is not interested in making such truth claims but asks after the ways in which they enable and foreclose particular practices and modes of being. I have shown, then, that the somatechnics of suicide are complicit in rendering life a natural characteristic of bodies and, consequently, that the notion that life is a natural characteristic of bodies is itself a regulatory and normalising somatechnic. It distributes bodies according to binary categories such as intelligible and unintelligible, normal and pathological, rational and irrational, natural and unnatural, right and wrong, based on their ability to cite the regulatory norm of desiring life. In traditional conceptualisations of suicide, however, this norm is not read as norm but is simply what it means to be.

In its collective repetition, the desire to live is rendered a natural and originary characteristic of bodies, which means that it is read and lived as a state that all people are by nature individually orientated towards. The choice of death thus comes to constitute a choice against the natural and renders those who choose it unintelligible. This process effectively instates prevention as the only possible response to suicide. I have asked how we know what we know about suicide by outlining that the terms and practices of embodiment, or somatechnics, through which we understand suicide are never neutral, pre-discursive, or given. They materialise and sediment so that certain things acquire a position that is beyond questioning.

It has not been my intention to suggest that suicide and its consequences are not real. Suicide is something that is caused by and causes suffering, pain, and tragedy is undoubtedly a reality. As Paul Preciado writes, embodied technologies are 'somatic fictions not because they lack material reality but because their existence depends on what Judith Butler calls the performative repetition of processes of political construction' (2014, 69). Furthermore, I acknowledge that some lives are considered to be more expendable than others. The disproportionately high suicide rates in minority groups such as indigenous populations, queer communities, and refugee groups tell us that more research is needed into the social and cultural conditions that

inform these higher rates in the choice for death. Here, too, somatechnics can show that particular technologies of biopower function so as to render certain bodies unintelligible, with very real material and practical consequences. My discussion is not intended to negate the issues in this regard but, rather, 'to queer orderability by bringing to light the operations of power, the soma-techno-logic, that constitute(s) (un)becoming-with in situated ways' (Sullivan 2014, 188). In bringing to light and queering the somatechnics of suicide and the desire to live as a somatechnic, the framework in which suicide takes place may be altered and, as such, so can the bodies in this framework and what they are capable of, what they can experience, and what they can choose. Perhaps life is no longer consistently positioned as the unquestioned state, and life and death can both equally be recognised as (non-)choices.

## NOTE

1. Other scholarly discussions on the topic of suicide take place in fields such as philosophy and anthropology, however, these do not dominate broader cultural discussions of suicide nor do these fields actively disseminate their research to the wider public through media guidelines, professional organisations, and policy work.

## NOTES ON CONTRIBUTOR
Saartje Tack is a recent PhD graduate from the Faculty of Arts at Macquarie University and teaches in a range of undergraduate gender studies units. Saartje's research interests include queer and feminist theories of embodiment, with a particular focus on questions of subjectivity, agency, and identity.

## REFERENCES
Ahmed, Sara. 2006a. "Orientations: Toward a Queer Phenomenology." *GLQ: A Journal of Lesbian and Gay Studies* 12 (4): 543–574.

Ahmed, Sara. 2006b. *Queer Phenomenology: Orientations, Objects, Others*. Durham: Duke University Press.

Alcoff, Linda Martin. 1999. "Towards a Phenomenology of Racial Embodiment." *Radical Philosophy* 95 (May/June): 15–26.

Améry, Jean. 1999. *On Suicide: A Discourse on Voluntary Death*. Translated by John D. Barlow. Indianapolis: Indiana University Press.

Butler, Judith. 2006. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Butler, Judith. 2011. *Bodies That Matter: On the Discursive Limits of Sex*. New York: Routledge.

Denton, Andrew. 2015–2016. *Better off Dead*. Podcast. https://www.wheelercentre.com/broadcasts/podcasts/better-off-dead.

Derrida, Jacques. 1981. *Dissemination*. Translated by Barbara Johnson. London: The Athlone Press.

Foucault, Michel. 1980. "Two Lectures." In *Power/Knowledge: Selected Interviews & Other Writings* 1972- 1977, edited by Colin Gordon, 78–108. New York: Vintage Books.

Foucault, Michel. 1990. *The History of Sexuality: Volume 1: An Introduction*. Translated by Robert Hurley. New York: Vintage Books.

Foucault, Michel. 2003. *Society Must Be Defended: Lectures at the Collège de France 1975-1976*. Translated by David Macey. New York: Picador.

Halberstam, Judith. 2005. *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*. New York: New York University Press.

Hawton, Keith, and Kees van Heeringen. 2009. "Suicide." *The Lancet* 373: 1372–1381.

Hemmings, Clare. 2011. *Why Stories Matter: The Political Grammar of Feminist Theory*. Durham: Duke University Press.

Hjelmeland, Heidi, and Birthe Loa Knizek. 2010. "Why We Need Qualitative Research in Suicidology." *Suicide and Life-Threatening Behavior* 40 (1): 74–80.

Jaworski, Katrina. 2014. *The Gender of Suicide: Knowledge Production, Theory and Suicidology*. Farnham: Ashgate.

Joiner, Thomas E. 2011. "Editorial: Scientific Rigor as the Guiding Heuristic for SLTB's Editorial Stance." *Suicide and Life-Threatening Behavior* 41 (5): 471–473.

Marsh, Ian. 2010. *Suicide: Foucault, History and Truth*. Cambridge: Cambridge University Press.

Marsh, Ian. 2015. "'Critical Suicidology': Toward an Inclusive, Inventive and Collaborative (Post)Suicidology." *Social Epistemology Review and Reply Collective* 4 (6): 5–9.

Marsh, Ian. 2016. "Critiquing Contemporary Suicidology." *In Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 15–30. Vancouver: UBC Press.

McManus, Ruth. 2004. "Suicide Subjects: Regulating Suicide to Dis-Empower Death." *Mortality* 9 (3): 189–205.

O'Connor, Rory C., Stephen Platt, and Jacki Gordon. 2011. "Introduction." In *International Handbook of Suicide Prevention: Research, Policy and Practice*, edited by Rory C. O'Connor, Stephen Platt, and Jacki Gordon, 1–6. Chichester: Wiley-Blackwell.

Pompili, Maurizio. 2010. "Suicidology: A New Discipline for Preventing Suicide." In *Suicide in the Words of Suicidologists*, edited by Maurizio Pompili, 1–8. New York: Nova Science Publishers, Inc.

Preciado, Paul B. 2014. *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*. Translated by Bruce Benderson. New York: The Feminist Press.

Pugliese, Joseph. 2010. *Biometrics: Bodies, Technologies, Biopolitics*. New York: Routledge.

Pugliese, Joseph, and Susan Stryker. 2009. "The Somatechnics of Race and Whiteness." *Social Semiotics* 19 (1): 1–8.

Redfield Jamison, Kay. 1999. *Night Falls Fast: Understanding Suicide*. New York: Alfred A Knopf.

Stryker, Susan, and Nikki Sullivan. 2009. "King's Member, Queen's Body: Transsexual Surgery, Self- Demand Amputation and the Somatechnics of Sovereign Power." In *Somatechnics: Queering the Technologisation of Bodies*, edited by Nikki Sullivan, and Samantha Murray, 49–63. Farnham: Ashgate.

Sullivan, Nikki. 2001. *Tattooed Bodies: Subjectivity, Textuality, Ethics, and Pleasure*. Westport: Praeger.

Sullivan, Nikki. 2009. "The Somatechnics of Intersexuality." *GLQ: A Journal of Lesbian and Gay Studies* 15 (2): 313–327.

Sullivan, Nikki. 2014. "Somatechnics." *TSQ: Transgender Studies Quarterly* 1 (1–2): 187–190.

Sullivan, Nikki, and Samantha Murray. 2009. "Introduction." In *Somatechnics: Queering the Technologisation of Bodies*, edited by Nikki Sullivan, and Samantha Murray, 1–10. Farnham: Ashgate.

Sullivan, Nikki, and Samantha Murray. 2011. "Editorial." *Somatechnics* 1 (1): v–vii.

White, Jennifer. 2015. "Shaking Up Suicidology." *Social Epistemology Review and Reply Collective* 4 (6): 1–4.

White, Jennifer. 2017. "What Can Critical Suicidology Do?" *Death Studies* 41 (8): 472–480.

White, Jennifer, Ian Marsh, Michael J. Kral, and Jonathan Morris. 2016. "Introduction: Rethinking Suicide." In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 1–11. Vancouver: UBC Press.

Widger, Tom. 2015. "'Suicidology as a Social Practice': A Reply." *Social Epistemology Review and Reply Collective* 4 (3): 1–4.

World Health Organization. 2017a. *Preventing Suicide: A Resource for Media Professionals*. http://www. who.int/mental_health/suicide-prevention/resource_booklet_2017/en/.

World Health Organization. 2017b. "Suicide Data." *World Health Organization*. Accessed December 2, 2017. http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/.

World Health Organization. 2017c. "Suicide Fact Sheet." *World Health Organization*. Accessed December 2, 2017. http://www.who.int/mediacentre/factsheets/fs398/en/.